

**Quality Assessment and Performance Improvement (QAPI)
Project Completion Report**

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Quality Assessment and Performance Improvement (QAPI)

Contents: Project Completion Report

M+C Organization Identifiers

Review Element 1:
Project Topic, Type, Focus Area

Review Element 2:
Baseline Study and Analysis, Baseline Study Population, Baseline
Measurements/Performance

Review Element 3:
Intervention aimed at achieving Demonstrable Improvement

Review Element 4:
Demonstrable Improvement

Review Element 1S: Subsequent or Modified Interventions
Aimed at Achieving Sustained Improvement

Review Element 2S:
Sustained Improvement.....

Lessons Learned, Consultation, Technical Assistance.....

Medicare+Choice Organization

Identifiers

► *All fields must be completed before M+CO can move to next section*

1. H# 7777 [select your H# from the list, based on HPMS login]

2. Are you reporting on a subunit?

Yes [complete 2a]

No [continue to 3]

2a. Please identify the counties in the subunit [from list, based on H#]

3. Name of Managed Care Organization Health Plan of Southern California Senior Inc.

[prefill, based on H#]

4. State CA [prefill, based on H#]

5. CMS Regional Office XX [prefill, based on H#]

6. Project topic [briefly describe the project, one page or less]

This project focuses on identifying and meeting access to language and translation services for Hispanic Medicare members. The Limited English Proficiency (LEP) presents challenges for the healthcare providers to provide quality care to the health plan’s members in clinical settings and this may lead to lack of access and underutilization and or missed opportunities for preventive care services leading to serious health consequences. It has been seen that the missed opportunities are more of a threat than over utilization when language barriers are present. Therefore, this Health Plan selected a topic entitled “Ensuring access to language and translation services to the Spanish-speaking Medicare members.”

7. Select the project type

- CMS National Project – Diabetes (1999)
- CMS National Project – Pneumonia (2000)
- CMS National Project – CHF (2001)
- CMS National Project – Breast Cancer Screening (2002)
- CMS National Project – Clinical Health Disparities (2003)
- CMS National Project – Cultural & Linguistically Appropriate Services (2003)
- M+CO Selected Project
- Other CMS-Directed Special Project

8. Select the project initiation year

- 2003 2004 2005 2006 2007 2008

9. Enter the principal contact information

[Person responsible for completion of this report]

XXXXXXXX

XXXXXXXXXX

XXXXXX

Last name

First name

Middle Initial

QI Coordinator

Title

(888)-888-8888

(888)-888-8888

xxxxxx@aol.com

Phone

Fax

Email

10. Select the reporting level

- Standard QAPI Project (Demonstrable and/or Sustained Improvement)
- Multi-Year Project

[On the Web-based report you will be prompted to]

SAVE AND CONTINUE TO REVIEW ELEMENT 1 ►

Review Element 1: Project Topic, Type, Focus Area

➤ All elements must be completed before M+CO can submit Demonstrable Improvement

1. Project topic

Language Access Services to the Health Plan's Hispanic Speaking Medicare Members

2. Project type

- CMS National Project – Diabetes (1999)
- CMS National Project – Pneumonia (2000)
- CMS National Project – CHF (2001)
- CMS National Project – Breast Cancer Screening (2002)
- CMS National Project – Cultural & Linguistically Appropriate Services (2003)
 - Language Access (LEP)
- M+CO Selected Project
- Other CMS-Directed Special Project

3. Project initiation year

- | | | | | | |
|--|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> 1998 | <input type="checkbox"/> 1999 | <input type="checkbox"/> 2000 | <input type="checkbox"/> 2001 | <input type="checkbox"/> 2002 | |
| <input checked="" type="checkbox"/> 2003 | <input type="checkbox"/> 2004 | <input type="checkbox"/> 2005 | <input type="checkbox"/> 2006 | <input type="checkbox"/> 2007 | <input type="checkbox"/> 2008 |

4. Baseline study population:

Baseline population group(s):

(Check all that apply)

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Pacific Islander
- Hispanic/Latino

Method used to identify the baseline study population:

- CMS – SSA Medicare enrollment data
- M+CO enrollment data
- OTHER (describe)- Annual Members' Satisfaction Survey (2003) by HPSC

5. Project focus area

[select all that apply]

Clinical focus area

- Primary, secondary, and/or tertiary prevention of acute conditions
- Primary, secondary, and/or tertiary prevention of chronic conditions
- Care of acute conditions
- Care of chronic conditions
- High-volume services
- High-risk services
- Continuity and coordination of care

Non-clinical focus area

- Availability, accessibility, cultural competency of services
- Appeals, grievances, and other complaints

[On the Web-based report you will be prompted to]

SAVE and CONTINUE to REVIEW ELEMENT 2 ►

Review Element 2: Baseline Study and Analysis, Baseline Study Population, Baseline Measurements/Performance

► All elements must be completed before M+CO can submit Demonstrable Improvement.

1. Baseline data period

1.1a Start date 01/ 2002
MM YYYY

1.1b End date 12/ 2003
MM YYYY

2. Baseline Data Source (s): (describe briefly the systems, processes or operations in place (or lack thereof) prior to project initiation)

- HEDIS data
- Enrollee survey: CAHPS
- Enrollee survey: HOS
- Enrollee survey: Interviews
- Enrollee survey: Focus groups
- Enrollee survey: Other

Each Year Health Plan of Southern California (HPSC) develops a quality improvement project focusing on clinical and non-clinical focus areas and service quality for its Medicare members. Access to language services has been included in the Health plan's quality plan since 2000. In 2002, the total Medicare + Choice population of the HPSC was 10,000 and of these 35% (3500 members) were Spanish speaking (January, 2003). In our annual members-satisfaction survey conducted in 2003, we found that 67% of the Spanish speaking members rated their number one concern as access to medical care. We also found that 88% of Spanish speaking members prefer to visit physicians/health care providers who speak their own language. 35% of the members did not just want physicians/providers who speak Spanish, but who are also from their same culture. 47% of the members either do not speak / read English or prefer to converse and read medical information presented in Spanish. These results were published in the Health plan's quarterly QI report, which was distributed to administrative and clinical quality management (copy of the survey form and results will be mailed to the M+CQRO).

HPSC Quality Improvement and cultural and linguistic service committee which comprised of representatives from disease management, utilization management, member service, Human Resources, and provider service reviewed and prioritized this chosen topic with the help of internally developed risk-

assessment criteria. At that time, LEP was identified among one of the top six clinical/non-clinical topics. The QI committee recommended selecting this topic as a QAPI project in order to improve members' satisfaction, increase access to care and reduce inappropriate utilization of clinical services. As, No structured LEP service mechanism was existed prior to year 2002.

Goals	Systems in place at Baseline
Provide 24 hour access to interpreter services for Spanish speaking members	<ul style="list-style-type: none"> • Installed and tested computerized database system for interpreter services. • Began using to track requests for Spanish language services • Identified deficiencies in availability of interpreter services
Adapt educational materials to target Hispanic culture	<ul style="list-style-type: none"> • Only 50% of educational materials available in Spanish • Spanish language material was not consistently updated and translated with English language versions
Incorporate culturally appropriate material for the members	<ul style="list-style-type: none"> • Need identified
Establish Cultural Linguistic Services committee to oversee language issues	<ul style="list-style-type: none"> • Need identified

3. Opportunity for Improvement [describe briefly the need or opportunity for improvement in CLAS identified]

- Members who speak Spanish would prefer Spanish speaking providers
- Designate a team comprised of cultural and linguistic specialists, diversity coordinators, translators/interpreters, social workers, and community relation specialists to oversee cultural and linguistic services for the Spanish speaking members
- Develop internal policies and procedures to provide linguistic and translation services to the members
- Develop organizational internal processes to determine the needs of written and oral language proficiency for the translation team which comprised of cultural and linguistic specialists, diversity coordinators, disease management, human resource, translators /interpreters, social workers, and community relation specialists
- Recruit bilingual staff to meet the needs of members at the key points of contact member services

- Collaborates with Community Advisory Committee to report consumer feedback to the QI Committee and Executive Board of HPSC
- Develop provider database to capture and update provider information/provider directories which identify bilingual/ multilingual providers

[On the Web-based report you will be prompted to]

SAVE AND CONTINUE TO REVIEW ELEMENT 3 ►

Review Element 3: Interventions Aimed at Achieving Demonstrable Improvement

► All elements must be completed before M+CO can submit Demonstrable Improvement.

Enter information about interventions.

At least one intervention is required. Reporting additional interventions is optional.

If "Other" is selected in any category, M+COs are expected to describe this in the "Intervention description."

1. Intervention type

[select ONE of the following intervention types]

- Education: outreach visits, conferences/meetings, printed/on-line resources/materials, tools, other mass media campaigns and communication venues)
- Organizational changes: policy changes, quality improvement, structural redesign, or re-engineering
- Other community-level interventions
- Additional resources

2. Target audience

[select all that apply; if "Other" selected, describe in "Intervention description"]

- Enrollees/Member
- M+CO staff: Clinical staff
- M+CO staff: Non-clinical staff
- Practitioners: Physician
- Practitioners: Nurse Practitioner
- Practitioners: Physician Assistant
- Practitioners: Pharmacist
- Practitioners: Other Providers
- Facility
- General public/community
- Other (describe in "Intervention description")

3. Intervention description

[Provide a description of the intervention]

- **HPSC established a cultural and linguistic service committee in collaboration with QI Committee (including utilization management, member service, Human Resources, and provider service) to create policies on interpreter services, translation materials, and cultural competency trainings for clinical and non-clinical staff.**
- **HPSC included Hispanics members' representatives in the cultural and linguistic service committee to obtain feedback about specific members' needs. Information then incorporated in designing educational interventions targeting all Spanish speaking members and providers.**
- **The cultural and linguistic service committee participates regularly in the QI committee meetings to provide on-going feedback to improve communication between providers and members that results in improving appropriate care and compliance with preventive care by the Spanish speaking members.**
- **4. Intervention initiation date**

[enter the date on which the intervention was initiated — MM/YYYY] **10/2003- On-going**

5. Intervention partners

[select all that apply; if "Other" selected, describe in "Intervention description"]

- | | |
|--|---|
| <input type="checkbox"/> Enrollees/Members | <input type="checkbox"/> Practitioners: Physicians |
| <input type="checkbox"/> Practitioners: Nurse Practitioner | <input type="checkbox"/> Practitioners: Physician Assistant |
| <input type="checkbox"/> Practitioners: Pharmacists | <input type="checkbox"/> Practitioners: Other |
| <input type="checkbox"/> Facility | <input type="checkbox"/> Healthcare agencies |
| <input type="checkbox"/> Hospital associations | <input type="checkbox"/> Professional societies |
| <input type="checkbox"/> Consumers | <input checked="" type="checkbox"/> Community-based organizations |
| <input type="checkbox"/> Other M+COs | <input type="checkbox"/> QIO |
| <input type="checkbox"/> Other | |

2. Intervention type

[Select ONE of the following intervention types]

- Education: outreach visits, conferences/meetings, printed/on-line resources/materials, tools, other mass media campaigns and communication venues)
- Organizational changes: policy changes, quality improvement, structural redesign, or re-engineering
- Other community-level interventions

Additional resources

2. Target audience

[Select all that apply; if “Other” selected, describe in “Intervention description”]

- Enrollees/Member
- M+CO staff: Clinical staff
- M+CO staff: Non-clinical staff
- Practitioners: Physician
- Practitioners: Nurse Practitioner
- Practitioners: Physician Assistant
- Practitioners: Pharmacist
- Practitioners: Other Providers
- Facility
- General public/community
- Other (describe in “Intervention description”)

3. Intervention description

[Provide a description of the intervention]

- **HPSC developed bilingual/multilingual providers’ directory for the new member to access culturally and linguistically appropriate care/services**
- **Linguistic specialists, diversity coordinators, and disease management teams implemented quarterly outreach programs for the Spanish speaking members. The key aim of this program is to promote members’ awareness about accessing 24 hours interpreter services, how to select Spanish speaking Primary Care Providers from the directory and importance of preventive care. Approximately 200-250 members attend this outreach program each quarter. In addition to the outreach program, an updated providers’ directory in Spanish language is mailed to the members biannually.**
- **HPSC contracted with interpreter Service Company to establish 24-access to interpreter services for the Spanish-speaking members to schedule appointments, address health related concerns and direct calls to the appropriate Spanish speaking health plan’s provider.**
- **HPSC utilized state QIO expertise in translating educational materials in the Spanish language for the members. The educational materials were designed using simple and easy to read language below sixth-grade level. Additionally, culturally appropriate visuals were**

incorporated to disseminate health message to the Spanish speaking seniors. All materials were pilot tested and modified by the health plan's interpreter services' staff. The topics covered were making appointment with PCP, how to access 24- access to interpreter services, chronic disease management - diabetes care, management of hypertension, and how to control cholesterol are the few examples (sample booklets will be sent to M+CQRO).

4. Intervention initiation date

[enter the date on which the intervention was initiated — MM/YYYY] **11/2003 (On-going)**

5. Intervention partners

[select all that apply; if "Other" selected, describe in "Intervention description"]

- | | |
|--|---|
| <input type="checkbox"/> Enrollees/Members | <input type="checkbox"/> Practitioners: Physicians |
| <input type="checkbox"/> Practitioners: Nurse Practitioner | <input type="checkbox"/> Practitioners: Physician Assistant |
| <input type="checkbox"/> Practitioners: Pharmacists | <input type="checkbox"/> Practitioners: Other |
| <input type="checkbox"/> Facility | <input type="checkbox"/> Healthcare agencies |
| <input type="checkbox"/> Hospital associations | <input type="checkbox"/> Professional societies |
| <input type="checkbox"/> Consumers | <input checked="" type="checkbox"/> Community-based organizations |
| <input type="checkbox"/> Other M+COs | <input checked="" type="checkbox"/> QIO |
| <input checked="" type="checkbox"/> Other | |

6. Additional information: Do you plan to mail in additional information on your interventions (i.e., binders, packets, tool kits, training rosters for CLAS training sessions)?

- Yes **(Material will be sent to M+CQRO)**
- No

[On the Web-based report you will be prompted to]

SAVE AND ENTER ANOTHER INTERVENTION

SAVE AND CONTINUE TO REVIEW ELEMENT 4 ►

Review Element 1S: Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement

► *All elements must be completed before M+CO can submit Sustained Improvement.*

1. Intervention type- New Intervention

[Select ONE of the following intervention types]

- Education: outreach visits, conferences/meetings, printed/on-line resources/materials, tools, other mass media campaigns and communication venues)
- Organizational changes: policy changes, quality improvement, structural redesign, or re-engineering
- Other community-level interventions
- Additional resources

2. Target audience

[select all that apply; if “Other” selected, describe in “Intervention description”]

- Enrollees/Member
- M+CO staff: Clinical staff
- M+CO staff: Non-clinical staff
- Practitioners: Physician
- Practitioners: Nurse Practitioner
- Practitioners: Physician Assistant
- Practitioners: Pharmacist
- Practitioners: Other Providers
- Facility
- General public/community
- Other (describe in “Intervention description”)

3. Intervention description

[Provide a description of the intervention]

- **HPSC developed a quarterly series of training workshops to address the need for qualified medical interpreters. The curriculum and structure of the training had been developed for the**

clinical and non-clinical staff. HPSC held an annual seminar for the all bilingual providers on culture and linguistics and its impact on health care delivery.

- Quarterly Articles on LEP published in the providers Newsletter

4. Intervention initiation date

[enter the date on which the intervention was initiated — MM/YYYY] 12/2003 (on-going)

5. Intervention partners

[select all that apply; if “Other” selected, describe in “Intervention description”]

- | | |
|--|---|
| <input type="checkbox"/> Enrollees/Members | <input type="checkbox"/> Practitioners: Physicians |
| <input type="checkbox"/> Practitioners: Nurse Practitioner | <input type="checkbox"/> Practitioners: Physician Assistant |
| <input type="checkbox"/> Practitioners: Pharmacists | <input type="checkbox"/> Practitioners: Other |
| <input type="checkbox"/> Facility | <input type="checkbox"/> Healthcare agencies |
| <input type="checkbox"/> Hospital associations | <input type="checkbox"/> Professional societies |
| <input type="checkbox"/> Consumers | <input checked="" type="checkbox"/> Community-based organizations |
| <input type="checkbox"/> Other M+COs | <input checked="" type="checkbox"/> QIO |
| <input type="checkbox"/> Other | |

7. Additional information: Do you plan to mail in additional information on your interventions (i.e., binders, packets, tool kits)?

- Yes (Material will be sent to M+CQRO)
- No

Review Element 2S: Sustained Improvement

► All elements must be completed before M+CO can submit Sustained Improvement.

Select a quality indicator from the list, based on indicators entered in Review Element 3

1. Sustained improvement data period

1.1a Start date 01 2005
MM YYYY

1.1b End date 12 2005
MM YYYY

2. Describe the sustained project results:

Goal	Systems in place at Sustained Improvement
Provide 24 hour access to interpreter services for Spanish speaking members	<ul style="list-style-type: none"> 73% of all interpreters trained in cross-cultural medical language Continue tracking met and unmet requests for Spanish language services on regular basis At least 99% of requests met each month for the last 10 months
Adapt educational materials to target culture	<ul style="list-style-type: none"> 95% of educational materials available in Spanish Established Internal Quality Control processes to ensure that Spanish language material is consistently updated simultaneously with English language versions
Incorporate culturally sensitivity review of member materials	<ul style="list-style-type: none"> Developed and maintained review process of member materials by culturally knowledgeable professionals and community groups to insure the appropriateness of the material.
Establish Cultural Linguistic Services Department	<ul style="list-style-type: none"> Advisory committee meet with representatives from community groups on quarterly basis

Lessons Learned –

1. Lessons learned from the project

- ❖ HPSC experienced that limited “structured” courses or mechanisms are in place by which providers can obtain cultural competency training/knowledge of members’ issues.
- ❖ Regular monthly departmental meetings and health management guidelines updates found instrumental in keeping communication lines open

2. Barriers encountered/limitations for the project

- ❖ It was challenging to meet the needs of diverse members. The most challenging priorities were:
 - Establishment of a best approach in disseminating cultural and linguistic information to the providers so a consistent message is shared
 - Determining uniform processes to assess bilingual skills of staff at provider offices to ensure quality of interpretations
 - High clinical and non-clinical staff turnover
 - Limited availability of effective methods to offer Medical interpretation trainings for bilingual staff
 - Vast geographic area to cover
 - Limited linguistically appropriate resources for the LEP member population
 - Translation of the written information accurately and culturally appropriate for the Spanish -speaking members.

3. System-level changes made and/or planned

- Development of cultural and linguistic service committee to communicate issues related to LEP to the different levels within the organization.

4. External consultation and/or technical assistance

No

4.1 Did you seek consultation and/or technical assistance from the Quality Improvement Organization (QIO) in your state?

- Yes [complete 4.1a]
 No [provide reason]

4.1a External consultation/technical assistance from PRO

[select all that apply]

- Performance improvement project review
- Study design development
- Liaison with CMS
- Continuous Quality Improvement (CQI) Training
- Data analysis
- Development, testing, and training on electronic and/or paper abstraction tools
- Design & development of intervention materials (graphic design and printing)
- Dissemination of intervention materials (mailing to all physicians and/or beneficiaries)
- Facilitation of group collaborative projects (focus group, provider meetings)
- Other (complete 4.1.a.1) translation of member materials

4.1a.1 Description of "Other"

4.2 Did you seek consultation and /or technical assistance from another organization? (i.e. American Diabetes Association, Universities)

- Yes [complete 4.2a and 4.2b]
- No [provide reason]

4.2a Identify the organization _____

4.2b External consultation/technical assistance from other organization

[select all that apply]

- Performance improvement project review
- Study design development
- Liaison with CMS
- Continuous Quality Improvement (CQI) Training
- Data analysis
- Development, testing, and training on electronic and/or paper abstraction tools
- Design & development of intervention materials (graphic design and printing)
- Dissemination of intervention materials (mailing to all physicians and/or beneficiaries)
- Facilitation of group collaborative projects (focus group, provider meetings)
- Other [complete 4.2.a.1]

4.2a.1 Description of "Other"

[On the Web-based report you will be prompted to]

**SAVE AND RETURN TO MAIN QAPI MENU OR
SUBMIT SUSTAINED IMPROVEMENT ►**